

ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES 4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844

Phoenix Metro Assistance: (623) 463-9946

Outside Phoenix Metro: 1-800-277-6675 FAX: 602-255-1950 www.weights.az.gov

REGISTERED SERVICE REPRESENTATIVE (RSR) APPLICATION

LICENSE FEE = \$4.80

(DO NOT PAY NOW - you will be billed after applicant passes test)

PLEASE PRINT

APPLICANT NAME:							
EMPLOYED BY:	D BY:				RSA #:		
If you were licensed with	nin the past year as a RSR but w	vorked for another Registere	ed Service Agency, indicate	your RSR#:	Previous em	oloyer's RSA#:	
Has your license ever be	een suspended or revoked?	NO YES Ye	ear: Reas	son:			
Application Type:	SCALES: CAPACITY:	METERS-T	YPE:	FUEL DISPENSERS:	VAPOR RECO	OVERY:	
Indicate Specific Experie	ence:						
Indicate Specific Technic	cal Training and Knowledge of I	Handbook 44 and 112 or CA	RB Executive Orders:				
certify that I will comply v	vith applicable sections of ARS, Ti	itle 41, Chapter 15 and AAC T	itle 20, Chapter 2, and NIST F	landbook 44 and 112 or CARB	Executive Orders related to this lice	ense.	
ADDLICANT			DATE:				
APPLICANT		n DCD license, has the necess		has the passessary reference m	naterial and certified testing equipme	ant to norform BCD dution	
r certify that the applicant i	meets all legal requirements for al	n RSR license, has the necess	sary technical knowledge and	nas the necessary reference in	laterial and certilled testing equipme	ent to periorin RSR duties.	
RSA SIGNATURE	: :		DATE:				
					DEPT USE:		
					Test Confirmation Sent:		
DWM 162 (rev. 9-02)							